



Mediation Request Form

This form is designed to assist Parties in requesting Mediation services. Please provide all information requested. Failure to provide all information may result in a delay in processing the Mediation request.

Student/Child and Case Information

Student Name: _____
Student Address: _____
Student Date of Birth: _____
School Attending: _____
School Address: _____
Name of Public Educational Agency: _____

Parent or other person who has legal authority to make educational decisions for a student 1: _____

Parent's Address: _____
Daytime Phone: _____ Cell Phone: _____
Email Address: _____

Parent or other person who has legal authority to make educational decisions for a student 2: _____

Parent's Address: _____
Daytime Phone: _____ Cell Phone: _____
Email Address: _____

Individual Requesting Mediation: (Please indicate)

Parent or other person who has legal authority to make educational decisions for a student _____
Local Educational Agency (LEA), or in the case of Part C, the Office of the State Superintendent of
Education (OSSE) _____
Both Parent and LEA or OSSE _____

Residency

Is this child a resident of the District or a Ward of the District? Yes _____ No _____

Other Procedural Safeguards

Has a Due Process Complaint or State Complaint also been requested for this student on these same
issues? Yes _____ No _____

If yes please provide the date of filing and, if known, the Docket/Complaint Number:



Will the participants need the services of a translator? Yes _____ No _____

Will the child be attending the Mediation? Yes _____ No _____

Please include information about the Mediation below, and on the sheet that follows:

Briefly explain below the issues to be Mediated:

Briefly explain the history of the issues and the factual background:

What is the outcome sought through Mediation?

What is the current status of the child?

Requestor's Signature

Signature _____

Date _____

Thank you for requesting Mediation. To learn more about the Mediation process, you may download additional information about Mediation from the OSSE website, at: <http://osse.dc.gov/service/student-hearing-office>

- Mediation is a **voluntary** process and the Mediator must obtain the agreement of both parties to participate in the Mediation before a Mediation date is set.
- Mediation is confidential. All parties to the Mediation sign a Confidentiality Statement before the Mediation occurs.
- OSSE will assign a Mediator within three working days of receipt of this Mediation request.

Mail, fax, e-mail, or deliver this form to:
Office of the State Superintendent of Education
Student Hearing Office
810 First Street, NE 2nd floor
Washington, DC 20002
Telephone: (202) 698-3819
By fax: (202) 478-2956
By email: ossemediation@dc.gov